

SENATE BILL REPORT

SB 5353

As Reported by Senate Committee On:
Health Care, February 16, 2017

Title: An act relating to foundational public health services.

Brief Description: Concerning foundational public health services.

Sponsors: Senators Rivers, Cleveland and Frockt; by request of Department of Health.

Brief History:

Committee Activity: Health Care: 2/07/17, 2/16/17 [DP-WM, w/oRec].

Brief Summary of Bill

- Establishes a Core Public Health Services account in the State Treasury.
- Establishes core public health services and Foundational Public Health Services.
- Directs the Department of Health to work with various public health entities to develop a governmental public health improvement plan.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Rivers, Chair; Cleveland, Ranking Minority Member; Kuderer, Assistant Ranking Minority Member; Bailey, Conway, Fain, Keiser, Miloscia, Mullet, O'Ban and Walsh.

Minority Report: That it be referred without recommendation.

Signed by Senator Becker, Vice Chair.

Staff: Evan Klein (786-7483)

Background: Department of Health (DOH). DOH administers various programs and services that promote public health through disease and injury prevention, immunization, newborn screening, professional licensing, and public education.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Local Health Department or District. Counties' legislative authorities are charged with establishing either a county department or a health district to assure the public's health. The public health system consists of 35 local public health agencies or local health jurisdictions that work with the DOH. Each county department or health district has a local board of health, which is responsible for the supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction.

Public Health Services Improvement Plan. The Health Services Act of 1993 required that the DOH collaborate with the State Board of Health, local health jurisdictions, and other public and private groups to prepare a public health services improvement plan. The plan contained specific standards for the improvement of public health activities, a listing of those communities not meeting the standards, a budget and staffing plan for bringing those communities up to standards, and a statement of the costs and benefits of doing so in terms of health status improvement. The initial plan was submitted in December 1994, and is updated by DOH every two years.

Review of Public Health. In 2016, a supplemental budget proviso directed DOH and local public health jurisdictions to provide a proposal outlining a plan for implementing Foundational Public Health Services (FPHSs) to modernize, streamline, and fund a 21st-century public health system in Washington State. The proviso also directed a review of the fees that support the work of public health.

In December 2016, DOH released a report entitled *Public Health Modernization: A Plan to Rebuild and Modernize Washington's Public Health System* which noted that (1) Washington State is at increased risk from new infectious diseases, (2) there is increasing demand for public health services, and (3) there has been diminished funding for core public health services. The report also outlines DOH's vision for modernizing the public health system, including:

- establishing core public health services, called FPHSs;
- finding dedicated state and local revenue sources to fund core services; and
- using evidence-based measures to track and evaluate the performance of public health activities.

Summary of Bill: Core Public Health Services Account (Account). An Account is created in the State Treasury to collect money appropriated for FPHSs. Expenditures from the Account must be used for FPHSs, following allocation plans mutually agreed to by DOH and local health jurisdictions.

Core Programs. Core programs are those public health programs needed in every community in order to protect people's health, including:

- control of communicable disease;
- chronic disease and injury prevention;
- environmental public health;
- maternal, child, and family health;
- access to links with health care services; and
- vital records.

FPHSs are population-based prevention services, require a uniform level of service throughout all communities, are only or primarily provided by governmental public health service providers, or are services where a governmental health system provides necessary organizational capabilities.

Local health jurisdictions and DOH must undertake two shared services projects:

- an epidemiology assessment; and
- a communicable disease monitoring and response project.

The governmental public health system is directed to deliver measurable outcomes related to FPHSs.

Public Health Improvement Plan. DOH, in consultation with various public health entities, must develop a governmental public health improvement plan by October 1, 2018. The plan must include:

- activities and services that qualify as FPHSs;
- an assessment of the current capacity to provide FPHSs;
- models for statewide shared services;
- an accountability structure;
- the cost of providing FPHSs statewide;
- a funding allocation model; and
- recommended schedules for periodic updates.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: Public health is essential to raising healthy children, stopping communicable disease, and controlling cost. Public health is using outdated technology systems, is underfunded, and is crumbling. The system is currently failing to serve the public as expected. The account will allow DOH to work with local public health without administrative expenses. The legislation is focused, reasonable, and sustainable. This legislation could help Clark County address vaccine preventable diseases, sexually transmittable diseases, food safety, tuberculosis, and other communicable diseases. Grant County has less than two employees currently addressing communicable diseases. There are also not any dedicated funds to address communicable diseases. There is strong support for this proposal from local county and city officials. Counties must transfer funds around different programs to fund public health services. Public health needs additional resources to track cases of communicable diseases, work with community organizations, and to reach out and communicate to the public. Public health jurisdictions are facing the most outbreaks they have faced in years, and the local jurisdictions are unable to keep up. The Tribes have worked with the public health districts to develop the foundational public health system.

Persons Testifying: PRO: Senator Ann Rivers, Prime Sponsor; Stephen Kutz, American Indian Health Commission; John Wiesman, Secretary, Washington State Department of Health; Dr. Alan Melnick, Clark County Public Health Department; Theresa Adkinson, Grant County Health District; Brady Woodbury, Administrator, Asotin County Health District; Anne Tan Piazza, Washington State Nurses Association; Meaghan DeBolt, Director, Walla Walla Health & Human Services Department; Dr. Anthony Chen, Tacoma Pierce County Health Department; Keith Grellner, Kitsap County Health District; Patty Hayes, Public Health Seattle King County.

Persons Signed In To Testify But Not Testifying: No one.